

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS**RECEIVED**

MAY 31 2024 SMB

Hector MANUEL MEDINA GARCIATHOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT(Enter above the full name  
of the plaintiff or plaintiffs in  
this action)

vs.

COOK COUNTY HOSPITAL24-cv-04543  
Judge Jeremy C. Daniel  
Magistrate Judge Jeannice W. Appenteng  
PC7  
DIRECT(Enter above the full name of ALL  
defendants in this action. Do not  
use "et al.")**CHECK ONE ONLY:**

- COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983**  
U.S. Code (state, county, or municipal defendants)
- COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE**  
**28 SECTION 1331 U.S. Code** (federal defendants)
- OTHER** (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR  
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

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**I. Plaintiff(s):**

- A. Name: HECTOR MANUEL MEDINA GARCIA
- B. List all aliases: \_\_\_\_\_
- C. Prisoner identification number: Y61570
- D. Place of present confinement: VANDELIA CORRECTIONAL CENTER
- E. Address: P.O. BOX 500 VANDALIA ILL. 62471

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

**II. Defendant(s):**

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: COOK COUNTY HOSPITAL  
Title: \_\_\_\_\_  
Place of Employment: DAMEN AVE. & DENEN AVE. CHICAGO, ILL.
- B. Defendant: \_\_\_\_\_  
Title: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_
- C. Defendant: \_\_\_\_\_  
Title: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

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**III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:**

- A. Name of case and docket number: N/A
- B. Approximate date of filing lawsuit: \_\_\_\_\_
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: \_\_\_\_\_  
\_\_\_\_\_
- D. List all defendants: \_\_\_\_\_  
\_\_\_\_\_
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): \_\_\_\_\_
- F. Name of judge to whom case was assigned: \_\_\_\_\_
- G. Basic claim made: \_\_\_\_\_  
\_\_\_\_\_
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): \_\_\_\_\_  
\_\_\_\_\_
- I. Approximate date of disposition: \_\_\_\_\_

**IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.**

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

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IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

I HECTOR MEDINA am filing a lawsuit against COOK  
COUNTY HOSPITAL FOR THE MISTREATMENT AND NEGLECT DURING  
MY TIME ON COOK COUNTY JAIL AUGT 2-2023 THROUGH  
JUANARY 4-24 I ENDURED THE FOLLOWING.

I FALL IN THE SHOWERS ON COOK COUNTY JAIL DIV: B  
RTU 4D AND NURSE & STAFF SEND ME TO HOSPITAL  
FOR TREATMENT AND 3 TIME I WENT TO HOSPITAL  
DOCTOR LOMBARDO ON 2<sup>nd</sup> FLOOR INJECT STEROIDS.  
INJECTION, AND HE'S LAUGHING ON ME BECAUSE I  
CAN HANDLE THE PAIN, SECON & 3 TIME I NOT ACCEPT  
THE INJECTION FOR THE REASON MENTIONED AND I DON'T  
SEE ANY BENEFITS whit the FIRST INJECTION

Three time I went to the hospital  
for physical therapy. And He didn't  
do anything He discriminated me  
He didn't want to do surgery on  
my hands and lower back and His response  
was their was nothing wrong when I ARRIVED  
TO VANDALIA PRISION DOCTOR AURORA A SEND ME TO TIMES  
TO EMORITE MACHINE AND MY EVALUATION IS 2 DISC DAMAGE  
AND MY BACK NERU. AND MY HANDS TO IS DAMAGE Revised 9/2007  
IM IN SCHEDULE FOR SURGERY HAND & BACK. PROBLEMS.

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

Thank u.

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

I FELL LIKE HE'S DISCRIMINATE ME  
HE Doctor Lombardi 2<sup>nd</sup> FLOOR GIVE ME  
BED TREATMENT. ALL WAYS I WENT I DO  
QUESTION HE ANSWER ME IN BAD ANSWER.  
DOCTOR ON VANNALIA ASK ME WHO DON'T  
GET DONE THIS ISSUES ON COOK COUNTY  
HOSPITAL I said Doctor GIVE ME THIS  
TREATMENT SHE SAID TO ME WOAHOO . -  
No PROFESSIONAL Doctor.

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I WOULD LIKE TO GET A COMPENSATION FOR INJURES AND  
PAINFULL SUFFERIN EVERY DAY FOR IN HUMAN TREATMENT  
TO ANN RUN RACES,

VI. The plaintiff demands that the case be tried by a jury.  YES  NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 24 day of MAY, 20 24

Hector Medina

(Signature of plaintiff or plaintiffs)

HECTOR MEDINA.

(Print name)

Y61570

(I.D. Number)

D.O. BOX 500

VANDALIA, ILLINOIS CORRECTIONAL CENTER

VANDALIA, ILL 62471

(Address)

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## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INDIVIDUAL IN CUSTODY GRIEVANCE FORM

(Formulario de Queja del Individuo bajo Custodia)

CONTROL #

Individual In Custody SHORT #

! THIS SECTION IS TO BE COMPLETED BY IIC SERVICES STAFF

(! Para ser llenado solo por el personal de IIC Services !)

- Emergency Grievance  
 Grievance  
 Non-Compliant Grievance

- Cermak Health Services  
 Superintendent: \_\_\_\_\_  
 Other: \_\_\_\_\_

PRINT - INDIVIDUAL IN CUSTODY LAST NAME (Imprimir - Apellido del individuo):

MEDINA

PRINT - FIRST NAME (Imprimir - Primer nombre del individuo):

HECTOR

BOOKING NUMBER (#de identificación)

20230802096

DIVISION (División):

RTU B

LIVING UNIT (Unidad):

4D

DATE (Fecha):

10-16-23

## GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

To ensure CCDOC receipt of your grievance, please follow the submission requirement per the IIC Information Handbook or see a CRW (Correctional Rehabilitation Worker) for assistance.

Your grieved issue must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grieved issue is not one of the following non-grievable matters: Classification, including designation of an individual as a security risk or a protective custody individual, or decisions of the disciplinary hearings officer.

The grieved issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW. The grieved issue must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grieved issue must not be a repeat submission of a grievance that previously received a response and was appealed.

The grieved issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

The grieved issue must not contain offensive or harassing language and must not contain more than one issue.

The grieved issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

## Directrices de quejas y resumen de quejas

Para asegurarse de que CCDOC reciba su queja, siga el requisito de presentación según el Manual de Información de IIC o consulte a un CRW (trabajador de rehabilitación correccional) para obtener ayuda.

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los individuos.

El asunto de la queja debe haber ocurrido dentro de los 15 días calendarios a menos que la acusación sea de asalto sexual, acoso sexual, abuso sexual o voyeurismo. Si la queja incluye acusaciones de asalto sexual, acoso sexual, abuso sexual o voyeurismo no existe tiempo de límite. Si usted cree que existe una excepción, consulte con un Trabajador de Rehabilitación Correcional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibió no someter una apelación sobre la decisión dada en los 15 días calendarios.

El tema agraviado no debe contener lenguaje ofensivo o acosador y no debe contener más de un tema.

El asunto de la queja corresponde asuntos no relacionados con la cárcel, como las agencias de arresto, los asuntos judiciales o el personal médico en los hospitales periféricos, etc.

REQUIRED - DATE OF INCIDENT (Fecha del Incidente)	REQUIRED - TIME OF INCIDENT (Hora del Incidente)	REQUIRED - SPECIFIC LOCATION OF INCIDENT (Lugar Específico del Incidente)	REQUIRED - NAME and/or IDENTIFIER(S) OF ACCUSED (Nombre y/o Identificación del Acusado)
2:15 P.M. 10-15-23	2:15 PM	4D HANDY CAP SHOWERS. COOK COUNTY JAIL.	TOM DART

I went into the showers areas to use bathroom on the floor. Was wet moldy no one cleans them. I went to the Brothroom I fell backwards and landed on my hand. Because of the floor the officer called for Medical Attention. I think I broken my finger this has caused me extreme pain and Discomfort. The Brothroom brings wet and moldy all the time caused my fall and my injurt the whole things. Is on camera talk yes...

NAME OF STAFF OR INDIVIDUAL IN CUSTODY HAVING INFORMATION REGARDING THIS COMPLAINT:  
(Nombre del personal o individuo que tengan información)

Officer FRANKENHILL /S. MENOSA 20230706044-

SIGNATURE of Individual in Custody: (Individuo bajo custodia):

Hector Med

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE IIC GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW NAME (Print):	SIGNATURE:	DATE CRW RECEIVED:
Walker	Walker	10-19-23
CRW NOTATION OF SENT EMAIL (Print):		DATE EMAIL NOTIFICATION SENT:



## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

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 Grievance  
 Non-Compliant Grievance

- Cermak Health Services  
 Superintendent: \_\_\_\_\_  
 Other: \_\_\_\_\_

PRINT - INDIVIDUAL IN CUSTODY LAST NAME (Imprimir - Apellido del individuo):

PRINT - FIRST NAME (Imprimir - Primer nombre del individuo):

BOOKING NUMBER (# de identificación)

MEDINA

HECTOR

20230802096

DIVISION (División):

8 RTU

LIVING UNIT (Unidad):

AD

DATE (Fecha):

10-24-23

## GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

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El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

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REQUIRED - DATE OF INCIDENT (Fecha del Incidente)	REQUIRED - TIME OF INCIDENT (Hora del Incidente)	REQUIRED - SPECIFIC LOCATION OF INCIDENT (Lugar Específico del Incidente)	REQUIRED - NAME and/or IDENTIFIER(S) OF ACCUSED (Nombre y/o Identificación del Acusado)
10/23/23	7:20 AM	SECTION 8 RTU AD	DOCTOR ARAMENDA MISSING

I am Hector Medina walk me in morning For VITALS I come to the door I went off tell me DOCTOR APPOINTMENT IS TONIGHT waiting for my call I still waiting the don't call me I have accident 10-14-23 they send me to emergency to take X-Rays. They took X-Ray on my Fingers 2 Fingers Damage in my left in both Doctor don't see me oh 10-23-23 didn't see on bill pain in my back, on my fingers.

NAME OF STAFF OR INDIVIDUAL IN CUSTODY HAVING INFORMATION REGARDING THIS COMPLAINT:  
(Nombre del personal o individuo que tengan información:)

SIGNATURE of Individual in Custody: (Individuo bajo custodia):

Hector Med

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE IIC GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW NAME (Print):

WNGIN

SIGNATURE:

DATE CRW RECEIVED:

10-24-23

CRW NOTATION OF SENT EMAIL (Print):

DATE EMAIL NOTIFICATION SENT:



## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INDIVIDUAL IN CUSTODY GRIEVANCE FORM

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- Emergency Grievance  
 Grievance  
 Non-Compliant Grievance

- Cermak Health Services  
 Superintendent:  
 Other:

PRINT - INDIVIDUAL IN CUSTODY LAST NAME (Imprimir - Apellido del individuo):

MEDINA

PRINT - FIRST NAME (Imprimir - Primer nombre del individuo):

HECTOR

BOOKING NUMBER (#de identificación)

20230802096

DIVISION (División):

8 RTU

LIVING UNIT (Unidad):

RTU 4D

DATE (Fecha):

10-27-23

## GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

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## Directrices de quejas y resumen de quejas

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REQUIRED - DATE OF INCIDENT (Fecha del Incidente)	REQUIRED - TIME OF INCIDENT (Hora del incidente)	REQUIRED - SPECIFIC LOCATION OF INCIDENT (Lugar Específico del Incidente)	REQUIRED - NAME and/or IDENTIFIER(S) OF ACCUSED (Nombre y/o Identificación del Acusado)
10/23/23	8:00 AM 12:PM	DIV:8 RTU 4D COOK COUNTY JAIL	DOCTOR & NURSES STAFF

I HECTOR MEDINA COMPLAINS ABOUT DOCTOR & NURSES STAFF  
 ON MONDAY 10-23-23 THEY FAIL ME FOR VITALS AND THERAPEUTICS.  
 DOCTOR CALL ME ON NEXT HRS. AND STILL DOCTOR DENIED IT.  
 TODAY DATE IS 10-27-23 SINCE NO BODY SEE ME I HAVE  
 2 FINGERS BURNT & MY BACK ITCHES SINCE 10-16-23 THEY  
 DON'T DO NOTHING WITH ME.

NAME OF STAFF OR INDIVIDUAL IN CUSTODY HAVING INFORMATION REGARDING THIS COMPLAINT:  
(Nombre del personal o individuo que tengan información:)

SIGNATURE of Individual in Custody: (Individuo bajo custodia):

DOCTOR &amp; NURSES &amp; STAFF

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CRW NAME (Print):

WILLIE V

SIGNATURE:

DATE CRW RECEIVED:

10-27-23

CRW NOTATION OF SENT EMAIL (Print):

DATE EMAIL NOTIFICATION SENT:


**COOK COUNTY SHERIFF'S OFFICE**  
*(Oficina del Alguacil del Condado de Cook)*  
**INDIVIDUAL IN CUSTODY GRIEVANCE FORM**  
*(Formulario de Queja del Individuo bajo Custodia)*

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CONTROL #

Individual In Custody SHORT #

- 
- Emergency Grievance
- 
- 
- Grievance
- 
- 
- Non-Compliant Grievance

(! Para ser llenado solo por el personal de IIC Services !)

- 
- Cermak Health Services
- 
- 
- Superintendent: \_\_\_\_\_
- 
- 
- Other: \_\_\_\_\_

PRINT - INDIVIDUAL IN CUSTODY LAST NAME (Imprimir - Apellido del individuo):

PRINT - FIRST NAME (Imprimir - Primer nombre del individuo):

BOOKING NUMBER (#de identificación)

MEDINA

HECTOR

20230802096

DIVISION (División):

BIRTU

LIVING UNIT (Unidad):

3F

DATE (Fecha):

12-26-2023

**GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT**

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*El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.*

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los individuos.

El asunto de la queja debe haber ocurrido dentro de los 15 días calendarios a menos que la acusación sea de asalto sexual, acoso sexual, abuso sexual o voyeurismo. Si la queja incluye acusaciones de asalto sexual, acoso sexual, abuso sexual o voyeurismo no existe tiempo de límite. Si usted cree que existe una excepción, consulte con un Trabajador de Rehabilitación Correcional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibió no someter una apelación sobre la decisión dada en los 15 días calendarios.

El tema agravado no debe contener lenguaje ofensivo o acosador y no debe contener mas de un tema.

El asunto de la queja corresponde asuntos no relacionadas con la cárcel, como las agencias de arresto, los asuntos judiciales o el personal médico en los hospitales periféricos, etc.

REQUIRED - DATE OF INCIDENT (Fecha del Incidente)	REQUIRED - TIME OF INCIDENT (Hora del Incidente)	REQUIRED - SPECIFIC LOCATION OF INCIDENT (Lugar Específico del Incidente)	REQUIRED - NAME and/or IDENTIFIER(S) OF ACCUSED (Nombre y/o Identificación del Acusado)
12-21-23 9am	3F		Health Care Staff.

I recently had an accident; I have submitted numerous requests to Health Care. I am being ignored. My back is in excruciating pain and the doctor will not call me. I am unable to walk properly. Request to see the doctor about my back immediately. When I last went to the doctor I was for my fingers my back issues has been ignored within 15 days.

NAME OF STAFF OR INDIVIDUAL IN CUSTODY HAVING INFORMATION REGARDING THIS COMPLAINT:  
(Nombre del personal o individuo que tengan información:)

SIGNATURE of Individual in Custody: (Individuo bajo custodia):

*Hector Medina*

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE IIC GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW NAME (Print):	SIGNATURE:	DATE CRW RECEIVED:
		<i>12/26/23</i>

  

CRW NOTATION OF SENT EMAIL (Print):	DATE EMAIL NOTIFICATION SENT:
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Assigned Grievance #/Institution: 51Housing Unit: M105Bed #:       

1st Lvl rec:

ILLINOIS DEPARTMENT OF CORRECTIONS  
Offender's Grievance

2nd Lvl rec:

Date: <u>1-9-24</u>	Offender (please print): <u>HECTOR MEDINA</u>	ID #: <u>Y61570</u>	Race (optional): <u>      </u>
Present Facility: <u>STATEVILLE</u>	Facility where grievance issue occurred: <u>STATEVILLE</u>		

Nature of grievance:

- Personal Property       Mail Handling       Medical Treatment       ADA Disability Accommodation  
 Staff Conduct       Dietary       HIPAA       Restoration of Sentence Credit  
 Transfer Denial by Facility       Other (specify): 1-9-24

Date of report

JAN 11 2024  
Facility where issued: STATEVILLE  
GRIEVANCE DEPARTMENTBY: K3N-0124-0089

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Search Record, etc.) and place in the designated check receptacle marked "grievance":

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to review by the Administrative Review Board Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor Chief Administrative Officer, only if EMERGENCY grievance

Mail to Administrative Review Board, only if the issue involves protective custody, involuntary administration of psychotropic drugs, issues from another facility except medical and personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

AT ABOUT 9:30 A.M ON 1-8-24, I WAS TOLD TO GET READY FOR X-RAY'S. ABOUT 15 min. LATER THE FEMALE C.O TOLD ME TO STEP OUT OF MY CELL TO GO FOR MY X-RAY'S, AND A MALE C.O TOLD HER TO PUT ME BACK IN MY CELL BECAUSE I WAS TOLD I NEEDED A SPECIAL HARNESS DUE TO MY INJURIES. AFTER SEVERAL HOURS I ASKED WHY I WASN'T TAKEN AND THE WOMAN OFFICER STATED "HE SEEMED LIKE HE DIDN'T WANT TO TAKE YOU." I COULDNT GET THE NAMES OF  Continued on reverse

Relief Requested:

Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Check if this is NOT an emergency grievance.

Hector Medina

Offender's Signature

Y61570

ID#

1-9-24

Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable) Date Received: \_\_\_\_\_  Send directly to Grievance Officer

Outside jurisdiction of this facility. Send to: Administrative Review Board, PO Box 19277, Springfield, IL 62794-9277

Response:

Housing Unit:

M105

Bed #:

Assigned Grievance #/Institution:

ILLINOIS DEPARTMENT OF CORRECTIONS  
Offender's Grievance

2nd Lvl rec:

1st Lvl rec:

WHEN I ASKED THE MALE C.O HIS NAME, HE IGNORED ME AND LEFT THE CELL HOUSE. I WANT IT TO BE ON RECORD THAT I DID NOT REFUSE MY MEDICAL TREATMENT!

Vandalia

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE

Date: 1-19-24	Offender: (Please Print) HECTOR MEDINA	ID#: Y61570
Present Facility: STATEVILLE N.R.C.	Facility where grievance issue occurred: STATEVILLE N.R.C.	

## NATURE OF GRIEVANCE:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Personal Property           | <input type="checkbox"/> Mail Handling                           | <input type="checkbox"/> Restoration of Good Time     | <input type="checkbox"/> Disability                   |
| <input type="checkbox"/> Staff Conduct               | <input type="checkbox"/> Dietary                                 | <input checked="" type="checkbox"/> Medical Treatment | <input type="checkbox"/> HIPAA                        |
| <input type="checkbox"/> Transfer Denial by Facility | <input type="checkbox"/> Transfer Denial by Transfer Coordinator |   | <input type="checkbox"/> Other (specify): JAN 22 2024 |
| <input type="checkbox"/> Disciplinary Report: / /    |  | Date of Report  |   |

RECEIVED

STATEVILLE C.C.

Facility where issued GRIEVANCE DEPARTMENT  
BY K3N-0124-0230

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.

Chief Administrative Officer, only if EMERGENCY grievance.

Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Brief Summary of Grievance: I REFUSED TO GO TO SEE THE DOCTOR AT STROGER HOSPITAL, BECAUSE THE LAST 3 TIMES I WENT FOR PHYSICAL THERAPY, NO PHYSICAL THERAPY WAS DONE WHAT SO EVER WHILE INJECTING STEROIDS INTO MY HAND, THE DOCTOR CAUSED IN MY FACE DO TO MY PAIFULL REACTION THE STEROID TREATMENT, DID MORE HARM THAN GOOD, ONLY EXTENDING MY CONTINUOUS PAIN. NOT ONLY WAS HE ➔

Relief Requested: \_\_\_\_\_

Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

x Hector Medina  
Offender's Signature

Y61570

1,19,24  
Date

ID#

(Continue on reverse side if necessary)

## Counselor's Response (if applicable)

Date Received: 1 1 1	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
Response: _____		

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE (Continued)

EXTREMELY UNPROFESSIONAL, BUT HE WAS INSISTING HE HAD TO DO TWO MORE STEROID INJECTIONS INTO MY HAND BEFORE HE WOULD DO THE NECESSARY SURGERY. AS A RESULT OF THIS DOCTOR PROLONGING MY SURGERIES, MY OTHER FINGERS ARE DYING AS WELL AS THE LEFT MIDDLE FINGER THAT IS ALREADY COMPLETELY DEAD! I WAS TAKEN TO THE HOSPITAL BY OFFICER ~~ALBERT~~ ON 1-11-24. I STILL HAVE A HUGE NEEDLE INDENTATION THAT HAS NOT HEALED AND IT IS 1-19-24! HE WRENCHED THE NEEDLE SO HARD, THAT I'M NOT ONLY PERMANENTLY SCARRED, BUT I'M IN EVEN MORE PAIN THAN BEFORE I EVER SAW HIM! THE DR'S NAME WAS DR. CAMPBARDI, A HAND SPECIALIST ON THE SECOND FLOOR.

Hector Medina / Y61570  
H House L25  
P.O. BOX 500  
VANDAUA, ILL  
61472

THIS CORRESPONDENCE IS  
FROM AN INMATE OF THE  
ILLINOIS DEPARTMENT  
OF CORRECTIONS

FIRST CLASS



05/31/2024-1

RECIPIENT CORRESPONDENT  
UNITED STATES DISTRICT COURT  
219 S. DEARBORN  
CHICAGO, ILL.  
60604.